

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

GEORGE A. JACKSON, et al.,

Plaintiffs,

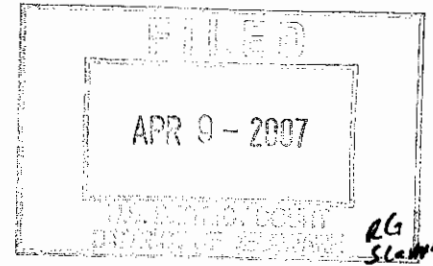
V.

STANLEY TAYLOR, et al.,

**Defendants.**

C.A. No. 05-823-\*\*\*

**JURY TRIAL REQUESTED**



**PLAINTIFF JAMES JOHNSON 'S RESPONSE**  
**TO DEFENDANTS' INTERROGATORIES**

Plaintiff James Johnson ("Answering Plaintiff") hereby responds to

### Defendants' Interrogatories:

- (1) With respect to each and every claim in the Amended Complaint:
  - (a) Identify all facts that refute, relate to, or support your contention:
  - (b) Identify the specific behavior or conduct that you allege that each Defendant engaged in;
  - (c) Identify all person with knowledge of such contention or facts;
  - (d) Identify all documents that reflect, refer to or relate to such contention or facts.

**RESPONSE:**

- (a) I agree to all the facts that was filed in the complaint against the Defendants
- (b) Each defendant, "Senato, Adkins, White, Melvin and Rayner, Crockett, Evans, and Manuel" have worked inside SCI kitchen during the summers

months and all of them would spend more time in their air conditioned/heated office then on the floor because of the lack of air circulation and due to the heat/cold which was unbearable .

- (c) Mary Hudson, is employed by the State of Delaware, She used to work in SCI kitchen but the conditions in the kitchen drove her to change positions from food service to counselor, and all those named in the complaint.

(d) The Complaint, the Grievance and all the defendants' interrogatories.

- (2) Identify all documents which you intend to offer into evidence at the trial of this matter.

**RESPONSE:** At this time Petitioner has no documents.

- (3) Identify all persons having knowledge of the allegation in the complaint or answer whom you intend to call as witnesses at trial, expert witnesses.

**RESPONSE:** Mary Hudson, is employed by the State of Delaware,

She used to work in SCI kitchen but the conditions in the kitchen drove her to change positions from food service to counselor, Erika Dixon former DOC kitchen worker.

- (4) Identify all persons whom you intend to call as witnesses at trial, excluding expert witness.

**RESPONSE:** See Response to Interrogatory No.3.

(5) Identify any physical evidence which relates in any way to any of the facts alleged in the complaint or answer, or which you intend to offer in evidence at trial.

**RESPONSE:** Ventilation system - Old side kitchen.

(6) Identify each expert you expect to call to testify as a witness at trial and state for each expert, (i) the qualification of the expert, (ii) the subject matter on which the expert is expected to testify, (iii) the substance of the facts and opinions to which the expert is expected to testify and (iv) the summary of the grounds for such opinion.

**RESPONSE:** Petitioner does not have the money to hire an expert witness, will ask the court for assistance.

(7) State the following about yourself:

a. Full Name:	James Johnson
b. Social Security Number:	222-50-5121
c. Date of birth:	January 13 <sup>th</sup> , 1959
d. Place of birth:	Wilmington, Delaware
e. Highest level of formal education:	High School Diploma

(8) Identify all of your criminal conviction in the past 15 years, including the court, jurisdiction, date of conviction, date of sentencing, and the terms of the sentence.

**RESPONSE:** Objection. This request has no relevance to the condictions alleged by plaintiffs claims. (Rule 26)

- (9) Identify all employment you have had in the past 15 years, including the name and address of each employer, name of supervisor, dates of employment, rate of pay, job title and responsibilities, and reason for termination.

**RESPONSE:** Objection. This request has no relevance to plaintiff's claims. (Rule 26)

- (10) Identify all physicians you have seen or been treated by in the past 10 years including name, office address, telephone number, dates of examination or treatment, and the medical problem involved, if any.

**RESPONSE:** All medical record is in the possession of the State of Delaware, Department of Corrections.

- (11) Identify and describe all accidents, injuries and ailment you have had in the past 15 years, including the history of any mental illness.

**RESPONSE:** All medical records are in the possession of the State of Delaware and or Department of Corrections.

- (12) Identify in detail the precise injury or harm you allege was sustained as result of the allegation in the Complaint.

**RESPONSE:** Heat exhaustion, Mental Anguish, Pain discomfort, Humiliation, Embarrassment and Severe eye problem

(13) Describe any medical treatment you received as a result of the allegation in the Complaint, Specifically addressing:

**RESPONSE:** Given time off work by medical personnel and seen by outside eye doctor.

(14) State whether you filed a complaint or grievance at the correction institution or with the Department of Correction about the subject matter of each and every claim in your Complaint. If so, when were they filed, with whom were they filed, and what was the response? If not, why not?

**RESPONSE:** Inmate George Jackson filed a grievance in which my name was signed to. Because inmates are not allowed to file more than one grievance to a single incident (D.O.C.)

(15) State the total amount of compensatory damages you are claiming and the computation used to arrive at the sum.

**RESPONSE:** Minimum of \$100,000, for each day plaintiff had to work in the extreme heat/cold conditions.

(16) Either prior to or subsequent to the alleged incident(s) referred to in the Amended Complaint, have you ever suffered any injuries, illness or diseases in those portions of the body claimed by you to have been affected as alleged in the Amended Complaint? If so, state:

- a. A description of the injuries or diseases you suffered, including the date and place of occurrence;
- b. The name and addresses of all hospitals, doctors, or practitioners who rendered treatment or examination because of any such injuries or diseases.

**RESPONSE:** None

(17) Have you, or anyone acting on your behalf, obtained from any person any statement, declaration, petition, or affidavit concerning this action or its subject matter? If so state"

- a. The name and last known address of each such person; and
- b. When, where, by whom and to whom each statement was made, and whether it was reduced to writing or otherwise recorded.

**RESPONSE:** I do not know.

*James Johnson*

4-5-07

Date

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VERIFICATION AS TO ANSWERS:

I hereby declare under penalty of perjury that the attached Plaintiff's Responses to Defendant's Interrogatories are true and correct.

  
James Johnson

Date: 4-5-07

***CERTIFICATE OF SERVICE***

I hereby certify that on \_\_\_\_\_, I mailed the Plaintiff James Johnson's  
Response to Defendants' Interrogatories via United States Postal Service. I have mailed  
the document to the following person.

Eileen Kelly  
Deputy Attorney General, #2884  
Department of Justice  
820 N. French St. , 6<sup>th</sup> Floor  
Wilmington, DE 19801



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